

Bureau of Health Care Quality & Compliance

PRINTED: 12/06/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2132SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2009
NAME OF PROVIDER OR SUPPLIER SILVER HILLS HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 3450 N. BUFFALO DRIVE LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on October 6, 2009 through October 9, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. The survey was conducted concurrently with the Medicare recertification survey. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z290 SS=G	NAC 449.74487 Nutritional Health; Hydration 1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that: (a) The nutritional health of the patient is maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition. (b) The patient receives a therapeutic diet if such a diet is required by the patient.	Z290		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 6

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Z290	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure dietary measures were implemented timely to prevent weight loss for 1 of 23 residents (#7).</p> <p>Findings include:</p> <p>Resident #7 was a 78 year old female admitted to the facility on 11/8/08, with diagnoses including Pneumonia, Dementia, Hypertension, Hypokalemia, Generalized Weakness and Gastritis.</p> <p>Resident #7's weight record showed Resident #7's weight fluctuated from 96 pounds (lbs) on admission, 11/19/08, to a high of 112 lbs on 6/2/09. During this time several interventions were in place including Megace to stimulate Resident #7's appetite, and the dietary supplement, Boost, twice a day between meals.</p> <p>Since Resident #7's weight had increased and remained stable, the Megace was discontinued in April 2009.</p> <p>Resident #7's Nutritional Assessment form indicated Resident #7's IBW (Ideal Body Weight) was 102 - 131 lbs.</p> <p>Resident #7's Weight record revealed the following:</p> <p>06/02/09 - 112 lbs 07/02/09 - 107 lbs 07/10/09 - 106 lbs 07/17/09 - 106 lbs 07/24/09 - 104 lbs 08/01/09 - 104 lbs 09/01/09 - 97 lbs</p>	Z290	<p>RECEIVED DEC 28 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NV</p> <p>Z290 Resident # 7 In addition to the mentioned interventions in Z290: weekly weights were ordered, Restorative Dining was ordered which the resident refused preferring to eat independently, Megace was ordered 11/01/09 and a psychological evaluation was ordered to address any potential issues the resident may be experiencing.</p> <p>All residents will be weighed, any residents found to have significant weight changes will have timely interventions implemented. The DON and or designee will be notified immediately, the DON and or designee will notify the physician regarding the significant weight change and follow through with the nutritional interventions. The Director of Nursing, the Registered Dietician and the Diet Tech will meet monthly or as needed to evaluate any significant weight changes and involve/notify the physician for any necessary changes. Recommendations will be</p>	11-25-09

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Z290	<p>Continued From page 2</p> <p>09/04/09 - 98 lbs 09/11/09 - 100 lbs 09/18/09 - 99 lbs 09/29/09 - 97 lbs 10/01/09 - 98 lbs</p> <p>This represented a significant weight loss of 6.6% in 1 month (August to September), and 13.3% in 3 months (June - September).</p> <p>The Nutritional Progress Notes, dated 8/5/09 indicated, "...Pt (patient) consuming 50-100% of most meals per meal % (percentage) sheet..."; "Rec (recommend) 4oz (ounces) Med Plus tid (three times a day) with med (medication) pass for added KCal (kilo Calories)/ protein intake secondary pt (patient) continuing decrease wt. (weight). Pt at 95% IBW (Ideal Body Weight). Encourage po (by mouth) intake/ po fluids. Continue to monitor wt/labs/po intake/po fluids. Nutrition services to follow."</p> <p>The next dietary progress note by the Registered Dietician (RD) was dated 10/1/09 and indicated, "...Rec med pass 2.0 at med pass tid (three times a day)..."</p> <p>The Interdisciplinary Progress Notes dated 7/16/09 indicated, "Decrease 6 # (lbs), poor p.o. intake. 8 oz Boost in place. Continue to monitor."</p> <p>The Interdisciplinary Progress Notes dated 9/9/09 indicated, "Low po intake. Boost bid (twice a day) between meals in place for Increase KCal/protein intake." Recommendation "...Recommend Calorie Count..."</p> <p>Resident #7's Meal Percentage Sheet revealed Resident #7 was consuming < 75% of most meals for the month of July and September of</p>	Z290	<p>forwarded to the line staff via the Nutritional Communication log, the DON and or Designee will monitor for compliance during scheduled walking rounds. The significant weight changes will be reported to the CQI committee monthly for review and follow up.</p>		

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Z290	<p>Continued From page 3</p> <p>2009. There was no meal percentage entered for the following days 7/29 - 7/31 breakfast and lunch. Documentation indicated the resident ate 20-25% of dinner on those days.</p> <p>There was no documentation of meal intake for breakfast and lunch on the following dates: 8/4, 8/25, 8/27, 8/29, 8/30, and 8/31. There was no documentation of breakfast intake on 8/28.</p> <p>Resident #7 was not weighed weekly during August 2009, as indicated to monitor weight.</p> <p>Resident #7's physician orders dated 9/28/09 revealed:</p> <ul style="list-style-type: none"> - "Calorie Count x (times) 3 days" - "Med Plus 4oz tid " <p>The Calorie Count was completed on 9/29, 9/30 and 10/1 by the nursing staff. As of 10/8/09, the RD had not reviewed the calorie count to determine Resident #7's total calorie intake.</p> <p>On 10/07/09 in the afternoon, the Dietary Technician (Tech) and the Director of Nurses indicated they were aware of Resident #7's weight loss and believed it was due to Resident #7's fall in August 2009, and she was receiving physical therapy.</p> <p>The Dietary Tech indicated she had made the recommendations on 8/5/09, to add the Med Plus to increase Resident #7's Calories due to the weight loss. She indicated this was addressed with the IDT committee as well, since she participated in these meetings. She added she can only make recommendations. Either the RD or the nursing staff would have to call the physician to obtain the order. The Dietary Tech did not know why this had not been done.</p>	Z290			

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Z290	Continued From page 4 The Dietary Tech and the DON indicated Resident #7 did not have any concerns about her weight loss and liked the way she looked. Interview on 10/8/09 at 9:00 AM, Resident #7 stated, "I have lost a lot of weight and would like to gain some back." Resident # 7 added she used to get Boost but had not gotten this for a while. Resident #7's Medication Administration Record indicated the resident was receiving Boost as ordered. However, observation of the medication pass on 10/7/09 revealed Resident #7 did not received the supplement - Med Pass 4 ounces as ordered. On 10/9/09 at 7:00 AM, the RD indicated she was familiar with Resident #7. The RD indicated she did not recommend the Med Plus added to Resident #7's diet as recommended in August since Resident #7 was already receiving Boost. She believed that Resident #7 should receive more nutrition from regular meals, instead of supplements. The Dietician explained the Calorie Count was based on an 1800 Calorie diet, and when completed accurately, she would be able to determine the approximate caloric intake of the resident and determine if any additional interventions were needed. Based on the 3 day Calorie Count completed on Resident #7, the RD believed the resident's intake was adequate to maintain her current weight. The Dietician confirmed weekly weights were indicated to monitor Resident #7 more closely. She also indicated since the Meal Intake Form	Z290			

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Z290	Continued From page 5 was not complete, it was difficult to accurately assess the resident's intake. Severity: 3 Scope: 1	Z290			

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